

NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF SOLID WASTE MANAGEMENT  
P.O. BOX 1407  
TRENTON, N.J. 08625

238755

REGISTRATION  
STATEMENT FOR A  
SOLID WASTE FACILITY

Chester Hills Inc.  
Parker Road  
Chester Township, NJ 07930

A SEPARATE REGISTRATION  
IS REQUIRED FOR EACH  
SOLID WASTE FACILITY  
AUG 15 2 29 PM '94  
NJ STATE DEPT OF  
ENV. PROTECTION  
DIV OF ENV QUALITY

INCOMPLETE OR IMPROPERLY PREPARED STATEMENTS WILL BE RETURNED.  
— PRINT OR TYPE ONLY —

1. If the above name and address of registrant is incorrect or missing enter corrected information where indicated.  
(Use SSN ONLY if you do not have a FEID number)

2 F 2 2 - 1 7 0 6 1 2 5													Federal Employer ID No.													OR			2 S			6			8			Soc. Sec. No.											
13 APPLICANT'S - LAST NAME													31 FIRST NAME													43 I			44 TITLE																				
48 COMPANY OR TRADE NAME																																																	
C H E S T E R H I L L S I N C																																																	
13 STREET ADDRESS																																																	
P A R K E R R O A D																																																	
38 CITY													51 STATE			54 ZIP CODE						59 AREA			62 TELEPHONE NUMBER			65																					
C H E S T E R													N J			0 7 9 3 0						2 0 1			8 7 9			5 6 1 6																					

2. ☐ NEW STATEMENT ☒ UPDATED STATEMENT ☐ REGISTRATION NO. 1407-BA

3. TYPE ORGANIZATION (CHECK ONLY ONE)

<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> INCORPORATED	<input type="checkbox"/> MUNICIPALITY
<input type="checkbox"/> COUNTY	<input type="checkbox"/> UNIT OF STATE GOV.	<input type="checkbox"/> AUTHORITY	
<input type="checkbox"/> OTHER (EXPLAIN)			

4. SOLID WASTE FACILITY DATA

14 STREET ADDRESS OF FACILITY														39 MUNICIPALITY (CITY)														
P A R K E R R O A D														C H E S T E R T W P.														
52 COUNTY														62 BLOCK NO.			67 LOT NO.			WASHINGTON TWP.						75 LOT NO.		
M O R R I S														8 7			3 7			15, 16-1, 16, 17, 23-2, 28								

If property description has additional block and lot information, attach a separate sheet including all block and lot data.

Check this box to indicate additional data. ☐

- A. LICENSED BY PUC ☐ NO ☒ YES (If yes give PUC Certificate No.) 8 0 0 3
- B. ESTIMATED REMAINING LIFE OF THIS FACILITY. 3 2 YEARS AND 3 2 0 0, 0 0 0 TONS
- C. THIS PROPERTY OWNED ☒ OR LEASED ☐ BY APPLICANT

## 6. PROPERTY TITLE DATA

### A. CERTIFIED COPY OF TAX MAP SHOWING BLOCK & LOT NOS.

ATTACHED ☐

PREVIOUSLY SUBMITTED ☒

DATE SUBMITTED  6  5  7 0

B.  OWNERS - LAST NAME  FIRST NAME

STREET ADDRESS

CITY  STATE  ZIP CODE

CHESTER HILLS INC PARKER ROAD CHESTER NJ 07930

### C. IF LEASED -

1. LEASE ENCLOSED ☐

2. PREVIOUSLY SUBMITTED ☐

DATE  60 MO  DAY  YR.

### 7. ENGINEERING DESIGN PREPARED BY LICENSED PROFESSIONAL ENGINEER (6 COPIES)

ATTACHED ☐

UPDATED DESIGN ☐

PREV. SUBMITTED ☐

DATE  67 MO  DAY  YR.

### 8. A. PARTNERS OR OFFICERS OF CORPORATION, GOVERNMENTAL BODY OR PUBLIC AUTHORITIES.

LAST NAME	FIRST NAME	TITLE
FILIBERTO	JOSEPH	PRES
FILIBERTO	JOHN	V*PR
FILIBERTO	JOHN	SEC*
		TREAS

### B. CORPORATION DATA

REGISTERED IN -  STATE  COUNTY

AGENT - LAST NAME  FIRST NAME

AGENT - STREET ADDRESS

AGENT - CITY  STATE  ZIP CODE

AGENT TELEPHONE NO.  AREA  NUMBER

FILIBERTO MORRIS JOSEPH N PARKER ROAD CHESTER NJ 07930 201 879 5616

### 9. NATURE OF OPERATION (CHECK ALL APPLICABLE ITEMS)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> SANITARY LANDFILL | <input type="checkbox"/> INCINERATOR                     |
| <input type="checkbox"/> COMPOSTING FACILITY          | <input type="checkbox"/> CHEMICAL PROCESSING & TREATMENT |
| <input type="checkbox"/> RESOURCE RECOVERY            | <input type="checkbox"/> TRANSFER STATION                |
| <input type="checkbox"/> OTHER (EXPLAIN)              |  |

**REQUESTED:**

20	<input checked="" type="checkbox"/>	MUNICIPAL (HOUSEHOLD, COMMERCIAL, INSTITUTIONAL).....
22	<input type="checkbox"/>	DRY SEWAGE SLUDGE.....
24	<input checked="" type="checkbox"/>	BULKY WASTES.....
26	<input checked="" type="checkbox"/>	CONSTRUCTION AND DEMOLITION.....
28	<input type="checkbox"/>	PESTICIDES - DRY.....
30	<input type="checkbox"/>	PESTICIDE CONTAINERS.....
32	<input type="checkbox"/>	HAZARDOUS WASTES - DRY.....
34	<input type="checkbox"/>	CHEMICAL WASTES - DRY.....
36	<input type="checkbox"/>	JUNKED AUTOS.....
38	<input type="checkbox"/>	TIRES.....
40	<input type="checkbox"/>	DEAD ANIMALS.....
42	<input checked="" type="checkbox"/>	LEAVES AND CHOPPED TREE WASTES.....
44	<input type="checkbox"/>	AGRICULTURE AND FOOD PROCESSING WASTES.....
46	<input type="checkbox"/>	TREE STUMPS.....
48	<input type="checkbox"/>	OIL SPILL CLEAN-UP WASTES.....

50 [ ] WASTE OIL.....

52 [ ] BULK LIQUIDS AND SEMI-LIQUIDS .....

54 [ ] SEWAGE: SEPTIC OR OTHER FECAL LIQUIDS.....

56 [ ] PESTICIDE LIQUIDS.....

58 [ ] HAZARDOUS WASTE LIQUIDS .....

60 [ ] CHEMICAL WASTE LIQUIDS.....

**APPROVED**

21			
23			
25			
27			
29			
31			
33			
35			
37			
39			
41			
43			
45			
47			
49			
51			
53			
55			
57			
59			
61			

PERIOD FROM 13 MO. DAY YR.  
\* 7 1 7 3

(12 MONTHS) PERIOD TO

19	MO.	DAY	YR.
	7	1	74

a. MUNICIPAL (HOUSEHOLD, COMMERCIAL, INDUSTRIAL).....	25
b. DRY SEWAGE SLUDGE.....	33
c. BULKY WASTES.....	41
d. CONSTRUCTION & DEMOLITION .....	49
e. <u>PESTICIDES</u> - 1. DRY.....	57
f.                    2. CONTAINERS.....	65
g. HAZARDOUS WASTE - DRY.....	13
h. CHEMICAL WASTE - DRY .....	21
i. JUNKED AUTOS .....	29
j. TIRES.....	37
k. DEAD ANIMALS .....	45
l. LEAVES AND CHOPPED TREE WASTES.....	53
m. AGRICULTURE AND FOOD PROCESSING WASTE .....	61
n. TREE STUMPS .....	69
o. OIL SPILL CLEAN-UP WASTE.....	13

	25					
	33					
	41					
	49					
	57					
	65					
	13					
	21					
	29					
	37					
	45					
	53					
	61					
	69					
	13					
				100		

**(12 MONTHS) TOTAL SOLID WASTES RECEIVED**

11. OPERATIONAL DATA (CONTINUED FROM PAGE 3)

(2) LIQUID WASTES N/A

		TOTAL GALLONS				
a. WASTE OIL.....	31					a.
b. BULK LIQUID WASTES.....	42					b.
c. SEWAGE, SLUDGE OR OTHER FECAL.....	53					c.
d. PESTICIDE LIQUIDS.....	64					d.
e. HAZARDOUS LIQUIDS.....	13					e.
f. CHEMICAL LIQUIDS.....	24					f.
(12 MONTHS) TOTAL LIQUIDS RECEIVED	35					

C. Enter total Tonnage or Gallons of Solid or Liquid Wastes recovered at your facility during the past 12 months for each category listed:

(1) RECYCLED SOLID WASTES N/A

		TOTAL TONNAGE				
a. FERROUS METALS.....	13					a.
b. NON-FERROUS METALS.....	21					b.
c. NEWSPRINT.....	29					c.
d. CORRUGATED.....	37					d.
e. OTHER PAPER PRODUCTS.....	45					e.
f. GLASS.....	53					f.
g. CHEMICALS - DRY.....	61					g.
h. PLASTICS.....	69					h.
i. TIRES.....	13					
j. JUNKED AUTOS.....	21					
TOTAL RECYCLED SOLIDS						

(2) RECYCLED LIQUIDS N/A

		TOTAL GALLONS				
a. OIL.....	29					a.
b. CHEMICAL SOLVENTS.....	40					b.
c. OTHER CHEMICAL LIQUIDS.....	51					c.
TOTAL RECYCLED LIQUIDS						

12. FEE SCHEDULE

(Refer to N.J.A.C. 7:26-4 FOR FEE SCHEDULE)

All fees must be submitted with this statement by CERTIFIED CHECK or MONEY ORDER - Payable to "TREASURER, STATE OF NEW JERSEY."

Check or Money Order No. <sup>13</sup> 3 4 9 2      AMOUNT <sup>23</sup> \$ 5 0 0      DOLLARS      CENTS

I CERTIFY THAT THE INFORMATION SUBMITTED ON THIS FORM AND ANY ATTACHMENTS APPENDED ARE TRUE TO THE BEST OF MY KNOWLEDGE. MY ID NUMBER AND SIGNATURE ARE ON ALL ATTACHMENTS.

*John P. Schilling*  
SIGNATURE

Sec-Treas.  
TITLE

<sup>29</sup> MO. DAY YR.  
8 1 3 7 4  
DATE

FOR OFFICIAL USE ONLY

CERT. DATE:      MO. DAY YR.  
ENG. DES. APPR.:      MO. DAY YR.

SIGNATURE